DCFS PMF 110-E
TRAVEL EXPENSE ACCOUNT FORM
(Issued 07/13)

	DATE OF CLAIM	
The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.	ESF-6 WORKSITE	
NAME OF OFFICER OR EMPLOYEE	**OFFICIAL USE ONLY** TRIP NUMBER	DIVISION/SECTION
HOME ADDRESS	PERSONNEL NUMBER	REASON
CITY/STATE/ZIP	FOR PERIOD	

Expense Summary

TRANSPORTATION	ADVANCE RECOUPMENT	$	
	AUTOMOBILE miles @ 51	$	
	AIRPLANE	$	
	OTHER	$	$
SUBSISTENCE	LODGING	$	
	MEALS	$	$
TOLLS AND PARKING			$
TIPS			$
OTHER EXPENSES			$
TOTAL REIMBURSEMENT COST			$

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNATURE BY PAYEE	TITLE OR POSITION	OFFICIAL DOMICILE/PHYSICAL ADDRESS

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

SIGNATURE	PRINT NAME	TITLE

Approved for Payment

AUDITED BY/DATE

AGENCY NO.			COST CENTER			ACTIVITY			FUND			AMOUNT
3	6	0										

COMMENTS: PURPOSE_____ DISASTER WORK SCHEULE_____
DISASTER WORK SITE_____
ADDITIONAL COMMENTS_____
_____
_____
_____
_____

DATE	HOUR AM/PM		TERRITORY TRAVELED SHOW ALL POINTS VISITED AND PHYSICAL ADDRESSES	ODOMETER READING/WEBSITE MILEAGE		MILES TRAV.	SUBSISTENCE			TOLLS AND PARK.	TIPS	OTHER EXPENSES	
	DEP.	ARR.		DEPART	ARRIVE		LODGING	MEALS				DESCRIPTION	COST
								TYPE	COST				
TOTALS							$		$	$	$		$